** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Information about Form 990 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

А	FOI I	the 2014 calendar year, or tax year beginning	and ending	J									
В	Check applica	if able: C Name of organization			D Emp	loyer identifi	cation number						
Г	Add	dress S.V.D.P. MANAGEMENT, INC											
F	Nar		·····			33-0	492304						
F	Initi	ial	Room/s	uito.	E T-1-								
F	Fina	al 3350 r cmprrm	nuulii/s	une	E reiep	ohone numbe	r)446-2100	`					
L-	retu tern	nin-	 										
	ated Am	City or town, state or province, country, and ZIP or foreign postal coo	de			receipts \$	10,245,	120.					
1	retu App		AC OHO		1	this a group re							
Е.	tion pen	iding I)		subordinates	····· — r	X No					
- -	-						ncluded? Yes	No					
		exempt status: X 501(c)(3) 501(c) () (insert no.) 4947	(a)(1) or	527			list. (see instructi	ons)					
		site: WWW.NEIGHBOR.ORG				oup exemptio							
		of organization: X Corporation Trust Association Other	<u> </u>	ear c	of formation	on: 1992 N	State of legal dom	icile: CA					
Р	art I	<u> </u>				<u>-</u>							
e	1	Briefly describe the organization's mission or most significant activities: Ol											
Activities & Governance	1	NEIGHBORS IN NEED BREAK THE CYCLE OF HOMELESSNESS AND POVERTY.											
eru	2	Check this box if the organization discontinued its operations or	disposed of n	nore	than 259	% of its net as	ssets.						
Š	3	Number of voting members of the governing body (Part VI, line 1a)				3		21					
প্ৰ	4	Number of independent voting members of the governing body (Part VI, line	e 1b)			4		21					
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a))			5		80					
Ϋ́	6	Total number of volunteers (estimate if necessary)				F	*	1164					
ć	7 8	a Total unrelated business revenue from Part VIII, column (C), line 12		• • • • • • •	***************		199.	503.					
•	k	Net unrelated business taxable income from Form 990-T, line 34				7b		0.					
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		<u> </u>		Year	Current Ye						
Revenue	8	Contributions and grants (Part VIII, line 1h)		<u> </u>		02,671.	4,396,						
	9	_		<u> </u>		77,909.	5,319,						
	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)				L0,539.		470.					
	11					01,399.		475.					
	12	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				2,518.							
	+	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line		 			10,086,						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		<u> </u>	1,90	08,641.	1,067,						
	14	Benefits paid to or for members (Part IX, column (A), line 4)		<u> </u>	~ 4	0.		0.					
Ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines	5-10)		3,48	30,542.	3,424,						
Expenses	16a	Salaries, other compensation, employee benefits (Part IX, column (A), lines a Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)				0.		0.					
Š	b	Total fundraising expenses (Part IX, column (D), line 25)	2,495.										
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)				70,308.	3,702,						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)				59,491.	8,194,	406.					
	19	Revenue less expenses. Subtract line 18 from line 12			63	33,027.	1,892,	472.					
Net Assets or Fund Balances						Current Year	End of Yea	ar					
sets	20	Total assets (Part X, line 16)		1	00,65	51,150.	101,743,	167.					
AB	21	Total liabilities (Part X, line 26)				30,127.	15,855,						
ESE	22	Net assets or fund balances. Subtract line 21 from line 20				21,023.	85,887,						
P	art II												
Und	ler pen	nalties of parameters the state of parameters are need this return, including accompanying sch	nedules and sta	teme	nts, and to	the best of m	knowledge and he	ief it is					
true	. corre	ect, and complete, the clary to the prepair (other than officer) is based on all information					, kilo iliougo uliu boi	1101, 11 10					
	<u>, </u>	1 Clark KA	Tot Willow prop	ui oi i	las any Ki	9/11/	1						
Sig	n	Signature of officer				Date	/5						
		DIANE STUMPH, CFO											
Her	e	Type or print name and title	.										
				ID:	ato	1	II PTIN						
Dai	н	Print/Type preparer's name ROBERT C. GELLMAN Reparer's signature		8	ate)	Checkif		2.0					
Paid				بلـــ		Self-employe							
	parer	Firm's name CBIZ MHM, LLC				Firm's EIN 🛌	01-08261	73					
use	Only		TE 100					_					
		SAN DIEGO, CA 92131				Phone no.85	<u>8-795-200</u>	0					
May	y the I	RS discuss this return with the preparer shown above? (see instructions)					X Yes	No					

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: OUR MISSION IS TO HELP OUR NEIGHBORS IN NEED BREAK THE CYCLE OF
	HOMELESSNESS AND POVERTY BY PROMOTING SELF-SUFFICIENCY THROUGH A
	CONTINUUM OF CARE, MULTI-DISCIPLINARY PROGRAMS, AND PARTNERSHIPS THAT
	COME TOGETHER IN THE SPIRIT OF OUR CREED TO TEACH, LEARN FROM AND
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O.
4	·
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$ 2,672,475. including grants of \$ 1,067,482.) (Revenue \$
44	(Code:) (Expenses \$ 2,6/2,4/5. including grants of \$ 1,06/,482.) (Revenue \$ SVDP MANAGEMENT, INC. SOLICITS AND ACCEPTS DONATED VEHICLES FOR SALE AT
	AUCTION. VEHICLES ARE CLEANED UP AND ESSENTIAL REPAIRS MADE WHEN COSTS
	PROCEEDS GO DIRECTLY TO SUPPORTING THE NEEDS OF THE OTHER PROGRAMS. BY
	CONTINUALLY MONITORING COSTS, WE ARE ABLE TO INCREASE THE AMOUNTS THAT
	CAN BE USED TO SUBSIDIZE THE SERVICES PROVIDED TO PARTNER AGENCIES WITH
	THE MISSION TO SUPPORT THE HOMELESS AND OTHER NEIGHBORS IN NEED. IN
	2014 PROCEEDS FROM SALES OF \$3,118,530 WERE USED TO SUPPORT THE
	TRANSITIONAL HOUSING PROGRAMS WITH DIRECT DONATIONS GOING TO ST.
	VINCENT DE PAUL VILLAGE AND MARTHA'S VILLAGE & KITCHEN.
	0.460.605
4b	(Code:) (Expenses \$ 2,163,635. including grants of \$ 0.) (Revenue \$ 1,810,305.
	PROVIDE ADMINISTRATIVE SUPPORT TO PARTNER AGENCIES. THE ORGANIZATION
	PROVIDED ACCOUNTING, HUMAN RESOURCE, INFORMATION TECHNOLOGY, AND OTHER
	ADMINISTRATIVE SERVICES TO PARTNER AGENCIES AT OR BELOW THE COST OF
	PROVIDING THE SERVICES. BY PROVIDING DISCOUNT RATES TO OTHER
	NON-PROFIT ORGANIZATIONS, THESE ORGANIZATIONS ARE ABLE TO PROVIDE MORE
	DIRECT SERVICES TO THOSE IN NEED.
4c	(Code:) (Expenses \$ 1,864,505. including grants of \$ 0.) (Revenue \$ 3,426,321.)
	PROPERTY DEVELOPMENT AND MANAGEMENT OF RENTALS. THE ORGANIZATION HAS
	DEVELOPED AND MANAGES PROPERTIES THAT ARE LEASED TO PARTNER AGENCIES
	THAT PROVIDE TRANSITIONAL HOUSING. IN ADDITION, THE ORGANIZATION IS
	THE GENERAL PARTNER FOR 6 LIMITED PARTNERSHIPS FORMED TO DEVELOP AND
	MANAGE AFFORDABLE AND TRANSITIONAL HOUSING.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 6,700,615.
	Form 990 (2014)
42000	\ \(\(\(\) \ \ \ \ \ \ \ \ \ \ \ \ \

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Scheduje A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u></u>		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	١ ا	v	
ч	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	11c	X	
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	- 41
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	<u> </u>		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			v
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		X
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			٦,
20 -	complete Schedule G, Part III	19		X V
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	.20a		X
U	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	1		
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	ZJa		
_	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I David	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Calculate David			Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	and the same of th			х
28		27		
20	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):			3 7
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1.	İ	7.7
00	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-,,	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			7.7
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		i	
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
		Eorm '	990 /2	2014)

Form **990** (2014

Second Content Seco		Check if Schedule O contains a response or note to any line in this Part V										
b Enter the number of forms WGS included in line 1s. Enter 4* in or applicable of Did the organization confly with backup with boding rules for reportable payments to vendors and reportable gaming (gambling) wrinings to prize winners? 2c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements. 8c Enter the number of the Company of the Paymer of Foreign Bank and Financial Accounts (FBAR). 8c Enter the number of the foreign country: but have an interest in, or a signature or other authority over, a financial accounts in FBAR). 8c Enter the number of the foreign country: but have an interest in, or a signature or other authority over, a financial accounts of FBAR). 8c Enter the number of the foreign country: but have an interest in, or a signature or other authority over, a financial Accounts of FBAR). 8c Enter the number of the foreign country: but have an interest in, or a signature or other authority over, a financial Accounts of FBAR). 8c Enter the number of the foreign country: but have one in party to a prohibited tax shelter transaction? 9c Enter the number of the foreign country: but have one in party to a prohibited tax shelter transaction? 9c Enter the number of the organization file Form 6886.72 9c Enter the number of the organization file Form 6886.72 9c Enter the foreign country of the organization file f				Yes	No							
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable ganning garmling) winnings to prize winners? 2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return 8	1a											
gambling) wrinings to prize winners? 2a Enter the number of employee reported on Form W3, Transmittal of Wage and Tax Statements. 3b If at least one so reported on line 2a, did the organization file all required federal employment tax returns? 3c Note. If the sum of lines is a and 2 is greater than 250, you may be required to effected and the reported on the 2a, did the organization file all required federal employment tax returns? 3c Did the organization have unrelated business gross incorem of \$1,000 or more during the year? 3d Did the organization have unrelated business gross incorem of \$1,000 or more during the year? 3a If If Yes, a set is filed a form 995-17 for this year? 4a At any time during the catendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country yeur base bank account, securities account, or other financial accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes, and the organization file organization file organization and the organization file organization file organization file organization file organization and the organization file organization file organization file organization file organization file organization and scharization contributions shall were not tax deductibles or the organization file organization and scharization contributions and any contributions shall were not tax deductible organization and scharization contributions and any contributions and any contributions shall were not tax deductible organization file organization file organization file organization related any contribution organization related and scharization contribution organization file organization related and contribution organization file organization related and scharization contribution organization related and scharization contribution or	b	Enter the flambor of Forms W 2d included in line 1a. Enter 10-11 flot applicable										
2a Enter the number of employose reported on Form W3, Transmittal of Wage and Tax Statements, 16d for the calendary year enting with or within the year covered by this return. 15 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 15 Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 16 If Yes, Thai it filed a Form 990 T for this year? If No. 10 line 30, provide an explanation in Schedule O 16 If Yes, Thai it filed a Form 990 T for this year? 17 No. 10 line 30, provide an explanation in Schedule O 16 If Yes, Thai it filed a Form 990 T for this year? 17 No. 10 line 30, provide an explanation in Schedule O 16 If Yes, Thai it filed a Form 990 T for this year? 17 No. 10 line 30, provide an explanation in Schedule O 17 Yes, To line 3 or 55, but the organization than 114, Report of Foreign Bank and Financial Accounts (FBAF). 18 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 18 Ded any tixable party notify the organization file Form 8896:77 18 Ded any tixable party notify the organization file Form 8896:77 19 If Yes, To line 5a or 55, cild the organization file Form 8896:77 20 Ded any tixable party notify the organization file Form 8896:77 21 If Yes, To line 5a or 55, cild the organization file Form 8896:77 22 Organization stat were not 12x deductible as charitable contributions? 23 If Yes, To line 5a or 55, cild the organization file form 8200 and services provided to the payor? 25 Organization stat were not 12x deductible contributions under section 170(c). 26 If Yes, Total the organization notify the donor of the value of the goods or services provided? 26 Did the organization state were statement that such contributions or gifts were not 12x deductible? 27 Organization that may receive deductible contributions under section 170(c). 28 Did the organization section a payment in excess of 57 made party as a committed payor to whic	C											
filed for the calendar year ending with or within the year covered by this return. 2a 36			1c		<u></u>							
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-Rise (ear instructions) 3a Did the organization have urrelated business gross income of \$1,000 or more during the year? 3a X b If Yes, has filled a Form 980.7 for this year? If No. 10 line 3b, provide an explanation in Schedule 0 b If Yes, has filled a Form 980.7 for this year? If No. 10 line 3b, provide an explanation in Schedule 0 b If Yes, has filled a Form 980.7 for this year? If No. 10 line 3b, provide an explanation in Schedule 0 b If Yes, has filled a Form 980.7 for this year? If No. 10 line 3b, provide an explanation in Schedule 0 b If Yes, the third of the foreign country (such as a bank account, securities account, or other financial account)? 4a X b If Yes, the third of the foreign country (such as a bank account, securities account, or other financial account)? 5b If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c If Yes, the foreign requirements for Fince Bank and the foreign security of the foreign requirements of the foreign requirements of the foreign country (Fina	2a			100								
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 10 Did the sponsoring organization make any taxable distributions under section 4966? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Did 10 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 11b 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand 14a Did the organization is filed a Form 720 to report these payments? If "No," provide an explanation in Schedu			7e		х							
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			-	-								
	נו	ii res, rias icilied a Form 720 to report these payments? II IVO, provide an explanation in Schedule U		000	(2014)							

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

~						X					
Sec	tion A. Governing Body and Management										
			1		Yes	No					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	21	104	1						
	If there are material differences in voting rights among members of the governing body, or if the governing										
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.										
b	Enter the number of voting members included in line 1a, above, who are independent	1b	21								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with any other									
	officer, director, trustee, or key employee?			2		X					
3	Did the organization delegate control over management duties customarily performed by or under th										
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х					
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		Х					
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		Х					
6											
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately the organization have members and the power to elect or approximately the organization have members and the organization have been declarated as the organization have members and the organization have been declarated as the organization have been declarated and the organization have been declarated as the		·····			X					
	more members of the governing body?	•		7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s				-						
	persons other than the governing body?	·		7b		X					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ir by the following:									
а	The governing body?	,		8a	X						
b	Each committee with authority to act on behalf of the governing body?		г	8b	X						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea		·····								
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		Х					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re					<u> </u>					
	The state of the s	, , , , , , , , , , , , , , , , , , ,			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?		Г	10a	163	X					
	b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,										
	and branches to ensure their operations are consistent with the organization's exempt purposes?										
11a											
b	to the contract of the contrac										
12a	On Did the enemiation become without a self-state of interest of i										
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conflicte?		12a 12b	X						
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yo			120							
J				40-	х						
13				12c	$\frac{x}{x}$						
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?			13	X						
15	Did the process for determining compensation of the following persons include a review and approva		····· -	14	~						
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	ii by independent	-		3						
а				45	v						
b	The organization's CEO, Executive Director, or top management official	••••••		15a	X						
D	Other officers or key employees of the organization		····- -	15b	^						
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen					37					
la.	taxable entity during the year?		····· -	16a		X					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	· ·	-								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		1	4							
Soci	exempt status with respect to such arrangements?		<u> </u>	16b							
		· · · · · · · · · · · · · · · · · · ·									
	List the states with which a copy of this Form 990 is required to be filed CA	(0. 1)									
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s o	nly) av	ailabl	е						
	for public inspection. Indicate how you made these available. Check all that apply. X Own website Another's website X Upon request Other (explain)	. 6 4 4 4 6									
40		,									
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of interest policy	, and	financ	ial						
	statements available to the public during the tax year.										
	State the name, address, and telephone number of the person who possesses the organization's boo	oks and records:									
	DIANE STUMPH - 619-446-2100										
	3350 E STREET, SAN DIEGO, CA 92102-3332										

33-0492304

Form 990 (2014) Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)	(C)			(D)	(E)	(F)					
Name and Title	Average	l (de			sition			Reportable	Reportable	Estimated		
	hours per	box			erson is both an		th an	compensation	compensation	amount of		
	week	\vdash	icer ar	nd a d	lirecto	or/trus	stee)	from	from related	other		
	(list any	ector			ĺ			the	organizations	compensation		
	hours for	ordir	l g			ated		organization	(W-2/1099-MISC)	from the		
	related	nstee	truste		93	bens		(W-2/1099-MISC)		organization		
	organizations below	nal tr	ional		l ge	t com	١.			and related		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations		
(1) ROBERT ADELIZZI	1.00	=	=	-	×	Ξ.	۴					
DIRECTOR		X						0.	0.	0.		
(2) AL AGUIRRE	1.00		\vdash			┢┈	 					
DIRECTOR		x						0.	0.	0.		
(3) ERNESTO ARREDONDO	1.00											
DIRECTOR		Х						0.	0.	0.		
(4) BRIAN BEHMER	1.00		\vdash									
DIRECTOR		x						0.	0.	0.		
(5) HENRY BURDICK	1.00											
DIRECTOR		X					ŀ	0.	0.	0.		
(6) ADRIANA CABRE	1.00											
DIRECTOR		Х						0.	0.	0.		
(7) ERIC CASAZZA	1.00									- M		
DIRECTOR		X						0.	0.	0.		
(8) JIM DELAPA	1.00								**************************************			
DIRECTOR		Х						0.	0.	0.		
(9) STEVEN FRANCIS	1.00									***		
CHAIR		Х		X				0.	0.	0.		
(10) VINCE KASPERICK	1.00											
DIRECTOR		Х		i				0.	0.	0.		
(11) BOB LEONE	1.00									····		
DIRECTOR		X		ļ				0.	0.	0.		
(12) SHARON MIHALIK	1.00									**		
DIRECTOR		X						0.	0.	0.		
(13) JIM NAVARRA	1.00											
DIRECTOR		X		- 1				0.	0.	0.		
(14) RICHARD NORLING	1.00											
DIRECTOR		х						0.	0.	0.		
(15) JIM O'HARA	1.00											
DIRECTOR		X		ļ				0.	0.	0.		
(16) MIKE SCHLEYHAHN	1.00											
DIRECTOR		X						0.	0.	0.		
(17) JAMIE SETTINERI	1.00											
DIRECTOR		X						0.	0.	0.		
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Part VII Section A Officers Directors True	stoos Kou Em					ء ماء د		C	(- + t)				age
Part VII Section A. Officers, Directors, Tru	(B)	ipio <u>y</u>	/662		C)	igne	351 (
Name and title	Average			Pos		1		(D)	(E)		_	(F)	_
Name and the	hours per		not c	heck	more	than			Reportable compensation			timat	
	week		cer ar						from related			ount other	
	(list any	cto						the	organizations			pensa	
	hours for	r dire				pe		organization	(W-2/1099-MISC)	-	om th	
	related	stee 0	rustee			ensa		(W-2/1099-MISC)			orga	anizat	tion
	organizations below	al tru	onal tr		loyee	ling a	1			-	and	l relat	ed
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
(18) JOOST H. VAN ADELSBERG, JR.	1.00	┝═┈	=	5	¥	王克	1 2			+			
TREASURER		x		\mathbf{x}				0.	(0
(19) LINC WARD	1.00	Г				T				+			
DIRECTOR		X						0.	().			0
(20) STEVE WEHN	1.00									丁			
DIRECTOR	1 00	X	_		L			0.	() •			0
(21) ED WITT SECRETARY	1.00	٠,		37									_
(22) DIANE STUMPH	20.00	Х	_	Х		<u> </u>	├	0.	() -			0
CFO/INTERIM CEO	20.00			х				52,250.	,	$\backslash \mid$			^
(23) JENNIFER QUAYLE	24.00			Λ	-	-		32,230.).			0
GENERAL COUNSEL		ĺ		x				57,799.	C).			0
(24) WILLIAM BOLSTAD	40.00								•	╫	****		
VP DEVELOPMENT				X				84,404.	C).			0 .
(25) SR PATRICIA CRUISE	20.00									\top			
CEO		Ш		Х				86,538.		١.			0 .
1b Sub-total	<u></u>	Li	ı					280,991.		١.			0.
c Total from continuation sheets to Part V								0.					0.
d Total (add lines 1b and 1c)								280,991.		: -			0.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	oove	e) wh	10 re			<u>.</u>			
compensation from the organization													(
												/es	No
3 Did the organization list any former officer,		stee	, ke	y em	nplo	yee,	or I	highest compensated er	nployee on				
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the su	um of reportabl	e co	mpe	ensa	tion	and	oth	her compensation from t	he organization				77
and related organizations greater than \$150Did any person listed on line 1a receive or a	U,UUU? II res,	COI	npie	ie s	cne	auie) J T(or such individual		.	4		X
rendered to the organization? If "Yes," com							eiai	ed organization or individual	dual for services		_		X
Section B. Independent Contractors				J j.		<u> </u>				<u></u>	5		
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt co	ontra	acto	rs tl	hat received more than s	\$100,000 of compe	nsati	ion fro		
the organization. Report compensation for													
(A)								(B)			(C)		
Name and business BARNEY & BARNEY, LLC	address						4	Description of se	ervices	Con	npens	ation	l
PO BOX 85638, SAN DIEGO,	CZ 9218	16						INSURANCE BRO)KED	,	1 2 0	^ ^	١.
TO DOIL GOODS, BLAN DIEGO,	<u> </u>						╬	THOUNANCE DA	JKEK		130	, 00	<i>,</i> 0 .
							十						
							\downarrow						
2 Total number of independent contractors (ii	ncluding but p	at lin	nited	l to t	thoo	ما م		above) who received	are then				
\$100,000 of compensation from the organiz) (III I	c u	וייטו	1	. IIS	ıeu	above) who received mo	Jie man				
									 				

Page 9

Form 990 (2014) S.V.D.P. MANAGEMENT,
Part VIII Statement of Revenue

		Check if Schedule O con	tains a respond	or note to any m	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts			1a 1b					
۾ چا		b Membership dues						
r A		c Fundraising events	[I					
ا الأرق		d Related organizationse Government grants (contributed)		53,414.				
8.2		f All other contributions, gifts, gran	· —					
[# E	•	similar amounts not included abo	· I I	4,343,339.				
풀		g Noncash contributions included in lines		3,008,521.				
a S		h Total. Add lines 1a-1f			4,396,753.			
				Business Code				
g	2 8	a RENT INCOME		531190	3,196,310.	3,106,815.	89,495.	Reserve to the St
ا ۾ ځ		b CONTRACT SERVICES		561000	2,122,870.	2,122,870.		
<u>s</u> s	(C						
e a l	(d						
Program Service Revenue	•	е						**
<u>ራ</u>	f	f All other program service reve	enue					
		g Total. Add lines 2a-2f			5,319,180.		As is	
	3	Investment income (including						
		other similar amounts)			207,312.			207,312.
	4	Income from investment of ta						
	5	Royalties	·- <u></u>					
			(i) Real	(ii) Personal				
	6 a	a Gross rents						
	k	b Less: rental expenses						
	C	c Rental income or (loss)						
	C	d Net rental income or (loss)		>				
	7 a	a Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory		191,000.	\$ 1 TO 1			
	b	b Less: cost or other basis					선생님 이번째	
		and sales expenses		158,842.				
	C	c Gain or (loss)		32,158.				
	C	d Net gain or (loss)		. <u></u>	32,158.			32,158.
	8 a	 Gross income from fundraisin 	g events (not	Ì	14-			
Other Revenu		including \$	of					
ا ۾		contributions reported on line	•				48 A	
-		Part IV, line 18						
퉝		b Less: direct expenses		·[grande de la companya de la company La companya de la co	
1		Net income or (loss) from fund	_	<u></u>				
	9 a	a Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses		L	1.	4		
	_ C		-	·········· >				<u> </u>
1	0 a	Gross sales of inventory, less						
	_	and allowances		-				
		Less: cost of goods sold		·L	n e Zanom B			
<u> </u>	<u> </u>	Net income or (loss) from sale		1				
-	_	Miscellaneous Revenu SALES OF AUTOS FOR OTH		Business Code 900099	1 3		110 000	
1	1 a		EA NEF S	900099	110,008.	6,942.	110,008.	14,525.
	b		*****	300033	21,467.	0,942.		14,345.
	C							
	d				131,475.			
	е 2	Total. Add lines 11a-11d Total revenue. See instructions.			10,086,878.	5,236,627.	199,503.	253,995.
		i otal levellue. Oce IIISII UUUUIS.		· · · · · · · · · · · · · · · · · · ·		٠/٥٥,٥٤/.	199,503.	1 400,000.

INC

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (A) Total expenses (C) (**D)** Fundraising Do not include amounts reported on lines 6b, Program service Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 1,067,482. 1,067,482. Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 391,759. 39,297. trustees, and key employees 308,252. 44,210. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 2,511,267. 1,973,458. 317,746. 220,063. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 341,595. 25,062. 278,527. 38,006. Other employee benefits 9 180,236. 135,532. 24,298. 20,406. 10 Payroll taxes Fees for services (non-employees): 11 Management 40,797. 30,644. 10,153. Legal 55,500. 27,750. 27,750. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other, (If line 11g amount exceeds 10% of line 25, 425,336. 549,576. 60,573. column (A) amount, list line 11g expenses on Sch O.) 63,667. 260,623. 258,243. Advertising and promotion 2,380. 12 258,615. 188,319. 68,329. 1,967. 13 Office expenses 32,178. 26,000. 4,438. 1,740. Information technology 14 15 Royalties 449,338. 112,189. 337,149. Occupancy 16 9,854. 1,893. 5,564. 2,397. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,156. 281. 3,044. 831. 19 Conferences, conventions, and meetings 401,706. 401,706. 20 21 Payments to affiliates 1,020,199. 1,020,199. 22 Depreciation, depletion, and amortization 56,294. 34,727. 21,567. 23 Other expenses, Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 193,428. VEHICLE PREP EXPENSE 193,428. 0. 0. OTHER EXPENSES 189,415. 167,617. 20,033. 1,765. LICENSES AND FEES 77,702. 51,821. 25,863. 18. 72,789. 25,744. EQUIPMENT RENTAL AND MA 46,676. 369. 29,897. 15,462. 14,435. e All other expenses Total functional expenses. Add lines 1 through 24e 8,194,406. 6,700,615. 1,111,296. 382,495. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ___ if following SOP 98-2 (ASC 958-720)

Form 990 (2014)
Part X Balance Sheet

ra	irt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year	·	(B) End of year
	1	Cash - non-interest-bearing	108,511.	1	477,001.
	2	Savings and temporary cash investments	266,102.	2	6,882.
	3	Pledges and grants receivable, net	55,851.	3	100,050.
	4	Accounts receivable, net	43,590.	4	38,653.
	5	Loans and other receivables from current and former officers, directors,		X 1	
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	box.xvvv.cvv.t.
	6	Loans and other receivables from other disqualified persons (as defined under			
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
	1	employers and sponsoring organizations of section 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	19,494,968.	7	21,921,486.
⋖	8	Inventories for sale or use	305,660.	8	269,065.
	9	Prepaid expenses and deferred charges	301,954.	9	197,568.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 49,508,328			
	b	Less: accumulated depreciation 10b 20,605,136	.1	10c	28,903,192. 668,874.
	11	Investments - publicly traded securities	635,289.	11	668,874.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11	48,650,522.	13	48,322,039.
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	921,654.	15	838,357.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	100,651,150.	16	101,743,167.
	17	Accounts payable and accrued expenses	699,693.	17	729,836.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ies	22	Loans and other payables to current and former officers, directors, trustees,			
Ε		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L	12 104 001	22	10 000 001
	23	Secured mortgages and notes payable to unrelated third parties	13,104,891.	23	12,299,821.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,825,543.		2,825,543.
	26	***************************************	16,630,127.	25 26	15,855,200.
	20	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ X and	10,030,127.	26	13,033,200.
G	ì	complete lines 27 through 29, and lines 33 and 34.	334		
če	27		83,634,457.	27	85,512,449.
Net Assets or Fund Balances	28	Unrestricted net assets	386,566.	28	375,518.
Ö		District the second sec	300,300.	29	373,310.
n n		Organizations that do not follow SFAS 117 (ASC 958), check here		29	
F.		and complete lines 30 through 34.			
ts (30	Capital stock or trust principal, or current funds	19.3	30	
SSe	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ا ۲		Retained earnings, endowment, accumulated income, or other funds		32	
Š		Total net assets or fund balances	84,021,023.	33	85,887,967.
	,	. The first according to the building section	100,651,150.	J.	101,743,167.

Pa	rt XI Reconciliation of Net Assets				-			
	Check if Schedule O contains a response or note to any line in this Part XI	,,,,						
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	LO,08	6,8	78.			
2	Total expenses (must equal Part IX, column (A), line 25)	2	8,19	4,4	06.			
3	Revenue less expenses. Subtract line 2 from line 1	3	1,89					
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4 8	34,02					
5								
6	Donated services and use of facilities	6			28.			
7	Investment expenses	7						
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,							
	column (B)) 10 85							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
			****	Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			4				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	i on a						
	separate basis, consolidated basis, or both:			1.41				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		F. ,			
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,						
	consolidated basis, or both:							
	Separate basis Consolidated basis X Both consolidated and separate basis							
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.							
За	ngle Audit							
Act and OMB Circular A-133?								
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	red audit						
or audits, explain why in Schedule O and describe any steps taken to undergo such audits								

432012 11-07-14

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

S.V.D.P. MANAGEMENT,

33-0492304 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in 7 section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (ii) EIN (iv) Is the organization (iii) Type of organization (v) Amount of monetary (vi) Amount of organization listed in your (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Schedule A (Form 990 or 990-EZ) 2014

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11,294,427.	16,594,670.	9,540,946.	3,902,671.	4,396,753.	45,729,467.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to		:				
	the organization without charge						
4	Total. Add lines 1 through 3	11,294,427.	16,594,670.	9,540,946.	3,902,671.	4,396,753.	45,729,467.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						3,980,277.
	Public support. Subtract line 5 from line 4.	Programme (41,749,190.
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	11,294,427.	16,594,670.	9,540,946.	3,902,671.	4,396,753.	45,729,467.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	588 865	146,473.	167 754	501,284.	207,312.	1 611 600
_	and income from similar sources	300,003.	140,473.	107,734.	301,204.	207,312.	1,611,688.
9	Net income from unrelated business activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain			· · · · · · · · · · · · · · · · · · ·			
.0	or loss from the sale of capital						
	assets (Explain in Part VI.)	22.563	464.426.	513.058.	101.399	131,475.	1 232 921
11	Total support. Add lines 7 through 10			020,000	202,000		48,574,076.
	Gross receipts from related activities,	etc (see instruction	ons)			12 36	,771,189.
	First five years. If the Form 990 is for			d fourth or fifth ta	ax vear as a sectio		7272031
-	organization, check this box and stor	-		.,	an your do d ocolio	11 00 1(0)(0)	▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (line 6, column (f) di	vided by line 11, c	olumn (f))		14	85.95 %
	Public support percentage from 2013					15	90.31 %
	33 1/3% support test - 2014. If the o					nore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organization				\triangleright X
b	33 1/3% support test - 2013. If the o						
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation		***************************************	> □
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		
b	10% -facts-and-circumstances tes						
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, ch	neck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circ				•	***************************************	▶□
18	Private foundation. If the organization	n did not check a l	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instructions	<u></u>
					Soho	dule A (Form 990)	or 000 E7\ 0014

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please com	ріете Рап ІІ.)	*			· · · · · · · · · · · · · · · · · · ·
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2011	(6) 2012	(4) 2010	(6) 2014	(i) fotal
	membership fees received. (Do not						
	include any "unusual grants.")		L				
2	Gross receipts from admissions,	1					
	merchandise sold or services per- formed, or facilities furnished in	1					
	any activity that is related to the	1					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-				Ì		
	ization's benefit and either paid to						
	or expended on its behalf						_
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and	i					
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b		<u></u>				
• • •	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on		******				
IZ	Other income. Do not include gain or loss from the sale of capital	l					
	assets (Explain in Part VI.)					ļ	
	Total support. (Add lines 9, 10c, 11, and 12.)						
	First five years. If the Form 990 is for						
800	check this box and stop here tion C. Computation of Public	o Cummant Da					>
						T 1	
	Public support percentage for 2014 (lin					15	<u>%</u>
Sec	Public support percentage from 2013 tion D. Computation of Inves	tment Incom	Percentage			16	%
				12 column (6)		145	0/
	Investment income percentage for 201					17	<u>%</u>
	Investment income percentage from 2					18	<u>%</u>
	33 1/3% support tests - 2014. If the common than 33 1/3%, shock this box an						
	more than 33 1/3%, check this box an						
	33 1/3% support tests - 2013. If the cline 18 is not more than 33 1/3%, check						
	line 18 is not more than 33 1/3%, chec Private foundation. If the organization						
	ato roundation. Il the organization	r ara not check a f	00x 011 1111C 14, 19	a. OF 190. CHECK IF	ns dux and see if	เรเบเนเนเดเมริ	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes" and *if you checked 11a or 11b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4h	7 A	
-тс		
5b		:
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		ļ
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u> </u>
<u>Sec</u>	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	. 2		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		Ĺ
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization.	2		<u> </u>
Sec	tion C. Type II Supporting Organizations			
4	More a majority of the approximation to discrete		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			- 3
Sec	tion D. Type III Supporting Organizations			ļ
-	Mon D. Type in Supporting Organizations		V	I NI -
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			ź.
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	A . Ver	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	<u>'</u>	1	
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	* 1	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			ļ.
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		10 e
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıs):		
а	The organization satisfied the Activities Test. Complete line 2 below.	-7-		
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	nstructions).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the		1	
	reasons for the organization's position that its supported organization(s) would have engaged in these		1	
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	Said Line		
h	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a	3 74.	
Ŋ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in part vi the role played by the organization in this regard.	3b		
		ו הזר, ו	I.	

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Org	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	on Nov. 20, 1970. See instru	ctions. All
	other Type III non-functionally integrated supporting organizations must co	mplete	Sections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
_3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		7/41
Sect	ion B - Minimum Asset Amount	•	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			*
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		***
8	Minimum Asset Amount (add line 7 to line 6)	8		<u>"</u>
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		**************************************
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			÷, ·
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-intear	ated Type III supporting orga	nization (see
	in churchions)	. 5	,,	`

Schedule A (Form 990 or 990-EZ) 2014

Pa	TV Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations _(continued)	
Sect	ion D - Distributions		- ,	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	าร	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsiv	e	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
Saat	ion E. Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
3 0 01	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1_	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
C				
d				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2014 distributable amount			
<u>i</u> _	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			- 17 P
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount			
	· · ·			
6	greater than zero, see instructions). Remaining underdistributions for 2014. Subtract lines 3h			
U	and 4b from line 1 (if amount greater than zero, see			
	instructions).		[발발문 황기원임]	
7	Excess distributions carryover to 2015. Add lines 3j			<u> </u>
•	and 4c.			
8	Breakdown of line 7:			
a	Dicardown of the 7.			
b				
c				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014				3	3-0492304 Page 8
Part VI Supplemental Inform Also complete this part for	nation. Provide the	e explanations requir	ed by Part II, line 10;	Part II, line 17a or 17	b; and Part III, line 12.
			Oriaj.		
SCHEDULE A, PART II,	SECTION E	3, LINE 10			
COLUMN	(A)	(B)	(C)	(D)	(E)
CONSIGNMNET INCOME	22,563	64,426	513,058	97,601	110,008
DEVELOPER FEE		400,000			-
MISCELLANEOUS INCOME				3,798	21,467
TOTAL	22,563	464,426	513,058	101,399	131,475
	· · · · · · · · · · · · · · · · · · ·				
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		<u></u>			10 <u></u>

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

2014

OMB No. 1545-0047

Name of the organization

Employer identification number

S.V.D.P. MANAGEMENT, 33-0492304 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively

religious, charitable, etc., contributions totaling \$5,000 or more during the year

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box

the prevention of cruelty to children or animals. Complete Parts I, II, and III.

Name of organization

Employer identification number

S.V.D.P. MANAGEMENT, INC

33-0492304

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\frac{1,013,792.}{}	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
422452 11 06 1		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number S.V.D.P. MANAGEMENT, INC 33-0492304

Part II	Noncash Property (see instructions). Use duplicate copies of Part II is	if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		- - - \$	
23453 11-05-	14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014)

423453 11-05-14

Name of orga	anization		Employer identification number
s.v.d.	P. MANAGEMENT, INC		33-0492304
Part III	Exclusively religious, charitable, etc., contine year from any one contributor. Complete completing Part III, enter the total of exclusively religiou. Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 o	in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	t
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a		Relationship of transferor to transferee
-			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

S.V.D.P. MANAGEMENT, INC

Employer identification number 33-0492304

Pa	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6. (a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) Bottor advised fulles	(b) i dida and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advis	od funds
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, P	art IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form o	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	(e) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	organization during the tax
	year ►		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the peri		
	violations, and enforcement of the conservation easements it	***************************************	
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes t	he organization's accounting for
Dai	conservation easements.	Art Historical Tracerras or Ot	hay Circilay Assala
rai	Complete if the organization answered "Yes" to Form S		mer Similar Assets.
10			
Ia	If the organization elected, as permitted under SFAS 116 (ASC		
	historical treasures, or other similar assets held for public exhi		ice of public service, provide, in Part XIII,
b	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (ASC		
	treasures, or other similar assets held for public exhibition, ed	ucation, or research in furtherance of pub	lic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		
^			
2	If the organization received or held works of art, historical trea		gaın, provide
_	the following amounts required to be reported under SFAS 11		
a			
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a, See Form 990, Part X, line 10.

(ii) related organizations

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		14,818,899.		14,818,899.
b Buildings		31,931,791.	18,169,243.	13,762,548.
c Leasehold improvements				
d Equipment		2,493,842.	2,195,996.	297,846.
e Other		263,796.	239,897.	23,899.
Total. Add lines 1a through 1e. (Column (d) must equ	ual Form 990, Part X, colu	mn (B), line 10c.)	>	28,903,192.

Schedule D (Form 990) 2014

3a(ii)

	' to Form 990, Part IV, line	11b. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio		d-of-year market value
) Financial derivatives				
) Closely-held equity interests				
) Other			T	<u> </u>
(A)				
(B)				
(C)				· · · · · ·
(D)				 -
(E)				
(F)				
(G)				
(H)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			TAN TAN	
art VIII Investments - Program Related.				
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11c. See Form 990. Part X	line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation		l-of-vear market value
(1) INV. LOW INCOME HOUSING				,
(2) LPS	48,322,039	COST		
(3)	10,022,003		77.47.	
(4)				
(5)				
(6)				
(7)				*
(8)				
(9)				
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)	48,322,039		MENNERS IN	
Complete if the organization answered "Yes"	to Form 990. Part IV. line	11d. See Form 990. Part X.	ine 15.	
	Description	,		(b) Book value
(1)				
(1)				
(1)	*****			
(2)	*****			
(2)				
(2) (3) (4)				
(2) (3) (4) (5)				
(2) (3) (4) (5) (6)				
(2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8)				
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lin	e 15.)		>	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.		11e or 11f See Form 990 P	art X line 25	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes"			art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lime art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability		11e or 11f. See Form 990, F	▶ art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT			art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3)		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3) (4)		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3) (4) (5)		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3) (4) (5) (6)		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) lime art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3) (4) (5) (6) (7)		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3) (4) (5) (6) (7) (8)		(b) Book value	art X, line 25.	
(2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line eart X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) FORGIVABLE DEBT (3) (4) (5) (6) (7)	to Form 990, Part IV, line	(b) Book value	art X, line 25.	

Schedule D (Form 990) 2014

Pai	t XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" to Form 990, Part IV, line		th Revenue per R	Returi	1.
1	Total revenue, gains, and other support per audited financial statements			1	14,759,088.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			77	
а	Net unrealized gains (losses) on investments	2a	-25,528.		
b	Donated services and use of facilities				
С	Recoveries of prior year grants			1	
d	Other (Describe in Part XIII.)		4,697,738.		
е	Add lines 2a through 2d			2e	4,672,210.
3	Subtract line 2e from line 1			3	10,086,878.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			İ
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
_5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	10,086,878.
Par	t XII Reconciliation of Expenses per Audited Financial Stat	ements W	ith Expenses per	Retu	rn.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 1				
1	Total expenses and losses per audited financial statements	*******		1	15,653,660.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:]
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)		7,459,254.	% :: # 131	
е	Add lines 2a through 2d	• • • • • • • • • • • • • • • • • • • •		2e	7,459,254.
3	Subtract line 2e from line 1			3	8,194,406.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b				
b	Other (Describe in Part XIII.)	4b			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	8,194,406.
	t XIII Supplemental Information. Ie the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; I				-
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any				
	T XI, LINE 2D - OTHER ADJUSTMENTS: ENUE REPORTED BY OTHER ENTITIES INCLUDE:	D IN TH	E CONSOLIDA	 СЭТ	AIIDTTED
			2 COMBODIDII		TIODITID
FIN	ANCIAL STATEMENTS:	····			4,686,735.
CHA	NGE IN VALUE OF CRT			···	11,003.
TOT	AL TO SCHEDULE D, PART XI, LINE 2D				4,697,738.
				4	
PAR	T XII, LINE 2D - OTHER ADJUSTMENTS:				***************************************
EXP	ENSES REPORTED BY OTHER ENTITIES INCLUD	ED IN T	HE CONSOLID	ATE:	D AUDITED
FIN	ANCIAL STATEMENTS:	····			7,459,254.
-					

Schedule D (Form 990) 2014	S.V.D.P. MANAGEMENT, INC	33-0492304 Page 5
Schedule D (Form 990) 2014 Part XIII Supplemental In	formation (continued)	
		A
	17-17-1	

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047	2014	Open to Public Inspection
	ł .	

■ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

2 Schedule I (Form 990) (2014) Employer identification number 33-0492304 EDUCATION, MEDICAL AND EDUCATION, MEDICAL AND (h) Purpose of grant RELIEF FOR HOMELESS, ELIEF FOR HOMELESS MEALS, COUNSELING, or assistance MEALS, COUNSELING. DENTAL TREATMENTS. DENTAL TREATMENTS. X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) ٠. ٥. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 467,482. 000,009 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. INC 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table MANAGEMENT 33-0777892 33-0492302 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization S.V.D.P. ST. VINCENT DE PAUL VILLAGE, INC. MARTHA'S VILLAGE & KITCHEN, INC. or government SAN DIEGO, CA 92102 Name of the organization 83791 DATE AVENUE INDIO, CA 92201 3550 E STREET Parti Part II

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(c) Amount of

(b) Number of

(a) Type of grant or assistance

Part III

33-0492304

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. FINANCIALS, ANNUAL BUDGETS, AND INFORMATION RETURNS ARE REVIEWED BY THE AND , AS WELL AS THE FULL BOARD OF THE OPERATIONS MONTHLY (d) Amount of non-cash assistance FINANCIAL CONDITION OF THE GRANTEES ON A CONTINUAL BASIS. THE STAFF AND LEADERSHIP OF THE ORGANIZATION REVIEW cash grant recipients AUDIT AND FINANCE COMMITTEES ALL GRANTORS/GRANTEES 7 OF F LINE DIRECTORS, PART I, BUDGET, Part IV

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

► Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

S.V.D.P. MANAGEMENT, INC Employer identification number 33-0492304

Pa	rt Types of Property						
L > 3_0	<u> </u>	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of deteri noncash contribution		nts
1	Art - Works of art		items contributed	roini 990, Fait viii, line ig			
2	Art - Historical treasures				·		
3	Art - Fractional interests						
4	Books and publications		45. · · · · · · · · · · · · · · · · · · ·		···		
5	Clothing and household goods			WWW.			
6	Cars and other vehicles	X	2,727	3,008,521.	SALES PRICE		
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded						
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or			V-0.1.1			
	trust interests						
12	Securities · Miscellaneous		· · · · · · · · · · · · · · · · · · ·		*·····		
13	Qualified conservation contribution -				77.00		
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate · Other	7.11					
18	Collectibles						
19	Food inventory	*********				-	· · ·
20	Drugs and medical supplies						
21	Taxidermy			· · · · · · · · · · · · · · · · · · ·	,		
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts		********	77.00.0	<u> </u>		
25	Other ()				·		
26	Other ()	· · · · · · · · · · · · · · · · · · ·			······································		
27	Other • ()			****			
28	Other (
29	Number of Forms 8283 received by the organi	zation during	the tax vear for c	ontributions		***	
	for which the organization completed Form 82						
	3	,, -				Yes	No
30a	During the year, did the organization receive b	v contributic	n any property rec	orted in Part Lilines 1 throug	nh 28 that it	1.00	1
	must hold for at least three years from the date			•	· · ·		
	exempt purposes for the entire holding period			•		اما	x
h	If "Yes," describe the arrangement in Part II.	*	***************************************			-	+
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standard contribu	utions?	1 X	
	Does the organization hire or use third parties				3	' 	+-
OLU	contributions?		-	•	32	a	x
b	If "Yes," describe in Part II.				<u> </u>	=	1
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is ch	ecked.		
	describe in Part II.	.,,	2. In the second	, , , , , , , , , , , , , , , , , , , ,			
ΙΗΑ	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 90	3	Schedule M (For	m 000)	(2014)

Schedule M	(Form 990) (2014) S.V.D.P.	MANAGEMENT,	INC	33-0492304	Page 2
Part II	Supplemental Information is reporting in Part I, column (b), the this part for any additional informations.	 Provide the information e number of contributions ion. 	required by Part I, lines 30b, 3 s, the number of items received	2b, and 33, and whether the organizate, or a combination of both. Also comp	tion plete
	4.54				

	The Control of the Co	M. 4.0			· · · · · · · · · · · · · · · · · · ·
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Schedule M (Form 990) (2014)

432142 08-12-14

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Attach to Form 990 or 990-EZ. Open to Public

Department of the Treasury Internal Revenue Service

Name of the organization S.V.D.P. MANAGEMENT, INC Employer identification number 33-0492304

OMB No. 1545-0047

Inspection

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CHALLENGE OUR NEIGHBORS AND ONE ANOTHER.

FORM 990, PART VI, SECTION B, LINE 11:

DRAFT OF THE FORM 990 IS REVIEWED BY THE AUDIT COMMITTEE AND ANY CORRECTIONS OR CHANGES NECESSARY ARE PROCESSED. THE FINAL VERSION IS CIRCULATED TO ALL BOARD MEMBERS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST ENFORCEMENT - ANY BOARD MEMBER WHO HAS THE POTENTIAL FOR ANY TANGENTIAL CONFLICT IS EXCLUDED FROM VOTES THAT ARE RELATED TO THE CONFLICT. UNDER CERTAIN CIRCUMSTANCES, THE BOARD MEMBER MAY BE ASKED TO LEAVE THE ROOM DURING ANY DISCUSSION AND WOULD BE EXCLUDED FROM THE DISTRIBUTION OF ANY MATERIALS RELATED TO THE ISSUE. ADDITIONALLY, WHILE IT IS JUST A SMALL PART OF ANY POTENTIAL CONFLICT, BOARD MEMBER ROSTERS THAT ARE DISTRIBUTED TO ALL BOARD MEMBERS AND TO KEY STAFF MEMBERS INCLUDE THE EMPLOYMENT AFFILIATION OF EACH BOARD MEMBER TO HELP IDENTIFY INSTANCES WHERE THE POTENTIAL FOR CONFLICT MAY BE PRESENT. BOARD MEMBERS COMPLETE AND SIGN A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS AN ANNUAL REVIEW PROCESS FOR EACH INDIVIDUAL AND ANY SALARY ACTION IS BASED ON THAT EVALUATION. THE HUMAN RESOURCES DEPARTMENT COLLECTS INFORMATION TO DETERMINE THE SALARY RANGES OF SIMILAR POSITIONS AT COMPARABLE ORAGNIZATIONS AND PROVIDES THAT RESEARCH WHEN SALARY

DELIBERATIONS ARE BEING MADE. THE COMPENSATION COMMITTEE OF THE BOARD LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2014) 432211 08-27-14

34

SCHEDULER (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

Employer identification number 33-0492304 ►Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC S.V.D.P. MANAGEMENT,

	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PartII	Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.	ions Complete if the organization ans	wered "Yes" on Form 990, Par	t IV, line 34 because	it had one or more re	alated tax-exempt

	(g)	Section 512(b)(13) controlled	entity?	N _o						
				Yes						
			entity							
	(e)	Public charity	status (if section	501(c)(3))						
	(p)	<u>e</u>	section							
	(0)	Legal domicile (state or	foreign country)							
	(q)	Primary activity								
organizations during the tax year.	(a)	Name, address, and EIN	of related organization							

Schedule R (Form 990) 2014

33-0492304

Page 2

INC S.V.D.P. MANAGEMENT, Schedule R (Form 990) 2014

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a)	(q)	(3)	(p)	(e)	(E)	(b)	(h)	(5)	9	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year	Disproportionate allocations?	Code V-UBI amount in box		General or Percentage managing ownership
		country)		sections 512-514)			Yes No	K-1 (Form 1065)	Yes No	
MARTHA'S VILLAGE, LP -								·		
33-0883368, 3350 E STREET,	LOW INCOME									
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	0	4,954,921.	×	N/A	×	.018
TOUSSAINT TEEN CENTER, LP -	1									
13-4219378, 3350 E STREET,	LOW INCOME									
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	-114,457.	3,620,977.	×	N/A	×	.018
VILLAGE PLACE APARTMENTS, LP										
- 33-0743914, 3350 E STREET,	LOW INCOME									
SAN DIEGO, CA 92102	HOUSING	CA		RELATED	7.	689,572.	×	N/A	×	.018
VILLAGE PLACE APARTMENTS, LP			S.V.D.P.							
- 33-0743914, 3350 E STREET,	LOW INCOME		MANAGEMENT,							
SAN DIEGO, CA 92102	HOUSING	CA	INC.	RELATED	73,438.	1,122,562.	×	N/A	×	886.66

Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year. Part IV

Section 512(b)(13) controlled entity?				990) 2014
(h) Percentage ownership				Schedule B (Form 990) 2014
(g) Share of end-of-year assets				Schec
(f) Share of total income				
(e) Type of entity (C corp., S corp, or trust)			_	
(d) (e) Direct controlling Type of entity Sentity (C corp, S corp, or trust)				
(c) Legal domicile (state or foreign country)				37
(b) Primary activity				
(a) Name, address, and EIN of related organization				432162 08-14-14

Schedule R (Form 990) 2014

S.V.D.P. MANAGEMENT, INC

Schedule R (Form 990)

33-0492304

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a)	(q)	(0)		(e)	(£)	(b)	(F)	6	9	(S
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportion- ate allocations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	General or Percentage managing ownership
VILLA HARVEY MANDEL, LP – 33-0984128, 3350 E STREET, SAN DIEGO, CA 92102	LOW INCOME HOUSING	CA		RELATED	-52,	2,266,063.		N/A	×	018
EL CAJON BLVD, LP - 26-0866737, 3350 E STREET, SAN DIEGO, CA 92102	LOW INCOME HOUSING	C.A		RELATED	-4,558,	741,	×	N/A	×	.018
16TH AND MARKET, LP - 20-8691922, 3350 E STREET, SAN DIEGO, CA 92102	LOW INCOME HOUSING	C.A.		RELATED	-87.	31,457,913.	×	N/A	×	.01%
15TH AND COMMERCIAL, LP - 27-1332154, 3350 E STREET, SAN DIEGO, CA 92102	LOW INCOME HOUSING	C.		RELATED	-156.	18,069,166.	×	N/A	×	.01%
		-								
43223 05-01-14				38				7.77		

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			The state of the s	Yes		ş
1 During the tax year, did the organization engage in any of the following transaction	s with one or more re	ansactions with one or more related organizations listed in Parts II-IV?	d in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X	_	
b Gift, grant, or capital contribution to related organization(s)				1b	×	×
c Gift, grant, or capital contribution from related organization(s)				10	×	ь.
			-	P	×	×
e Loans or loan guarantees by related organization(s)				1e	×	ы.
f Dividends from related organization(s)				=	<u>~</u>	ایر
g Sale of assets to related organization(s)				1g	~	ایر
h Purchase of assets from related organization(s)				1h	×	5 4
i Exchange of assets with related organization(s)				;=	×	×
j Lease of facilities, equipment, or other assets to related organization(s)				į-	×	
k Lease of facilities, equipment, or other assets from related organization(s)				× ×	_	
l Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			# X		
m Performance of services or membership or fundraising solicitations by related orga	lated organization(s)		-	ᄪ	×	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			두	×	×
 Sharing of paid employees with related organization(s) 			-	5	×	×
				2		
p Reimbursement paid to related organization(s) for expenses			-	<u> </u>	~	×
				1 P	╁	1
				┿		
r Other transfer of cash or property to related organization(s)				-	~	×
· (v)				5	×	×
2 If the answer to any of the above is "Yes," see the instructions for information on v	who must complete the	is line, including coverec	nation on who must complete this line, including covered relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	hev		
(1) MARTHA'S VILLAGE, L.P.	Ą	1,882.	PER NOTE RECEIVABLE			
(2) VILLA HARVEY MANDEL, L.P.	А	81,117.	PER NOTE RECEIVABLE			
(3) MARTHA'S VILLAGE, L.P.	¥	220,000.PER	PER LEASE			
(4) 15TH & COMMERCIAL, L.P.	Ц	65,124.PER	PER CONTRACT			
(5) 16TH & MARKET, L.P.	ı	87,224.	PER CONTRACT			
(6) VILLA HARVEY MANDEL, L.P.	Ţ	51,499.	PER CONTRACT			
432163 08-14-14	39		Schedule R (Form 990) 2014	Form 99	0) 201	4

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)VILLAGE PLACE APTS, L.P.	IJ	76,456.	456.PER CONTRACT
(8)15TH & COMMERCIAL, L.P.	α	201,943.PER	PER INVOICE
(9)16тн & МАККЕТ, Г.Р.	Q	413,487.	413,487.PER INVOICE
(10)3137 EL CAJON BLVD APTS, L.P.	a	67,919.	67,919.PER INVOICE
(11)VILLA HARVEY MANDEL, L.P.	Ø	142,519.	142,519.PER INVOICE
(12)VILLAGE PLACE APTS, L.P.	ø	277,858.PER	PER INVOICE
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)	į		
(24)			1997

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

of entity	(state or foreign country)	(related, unrelated, 56 excluded from tax under sections 512-514)	501(c)(3) orgs.? Yes No	total	end-of-vear	tionate allocations?	amount in box 20 of Schedule K-1 (Form 1065)	nanaging bartner?	2000
				income	assets	Yes		Yes No	ownership
				Asia,					

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Schedule R (Form 990) 2014